



Rural Capacity Grant

Rural Entrepreneurial Support

April 2007

Indiana Office of Community and Rural Affairs
One North Capitol, Suite 600
Indianapolis, Indiana 46204

This is a competitive grant program designed to enhance the development of Indiana's rural communities. The Rural Capacity Grant Fund will provide financial resources for a variety of initiatives in the areas of rural entrepreneurship as well as workforce and educational development.

Purpose

The Indiana Office of Community and Rural Affairs (OCRA) is announcing the release of Rural Capacity Grant funds. The application process is designed to foster innovative approaches to support rural and community level entrepreneurial projects. The priorities for the Rural Capacity Grants are directed by OCRA's strategic plan, "Breaking the Boundaries."

OCRA believes it is important for communities to provide rural entrepreneurs support through innovative approaches in education and capacity building. OCRA intends to assist communities to build the capacity to ensure that promising rural entrepreneurs know where to turn for mentoring, training, and resources, such as funding, business plan development, marketing, and information needed to build or expand a successful business.

Background

The Rural Indiana Strategy for Excellence – RISE 2020 is a strategic framework that is intended to help address the most critical needs of Indiana's small cities, towns, and rural communities, as identified by the rural constituency.

Using this framework, OCRA set key priorities for the agency in a strategic plan we refer to as "Breaking the Boundaries"—a name that reflects our commitment to breaking down the barriers rural communities face in accessing resources and developing opportunity. These priorities include:

- Developing a strategy to attract and expand philanthropic capital;
- Attracting and retaining entrepreneurial talent;
- Generating creative practices and programs for rural workforce development;
- Seeking innovations in rural broadband development and deployment; and
- Expanding health and human service delivery to reach marginalized populations.

Projects/Programs

Projects should seek to build the capacity to serve rural entrepreneurs and demonstrate innovative approaches that will foster an entrepreneurial environment. Examples of projects include, but are not limited to: those designed to facilitate new business or minority business development; identify, train, and mentor entrepreneurs; foster relationships between banking and investor networks with entrepreneurs; programs aimed at providing resources to "early stage" businesses to promote the success of the business and entrepreneur or; those designed to foster an entrepreneurial culture. *(This is not intended to be an exhaustive list; but to provide the applicant with an understanding of the intent of the Entrepreneurial Rural Capacity Grant.)*

A competitive project would facilitate partnerships with various community agencies, Community Foundations, private sector entities, financial institutions, Chambers of Commerce, local economic development organizations, educational institutions, or other interested parties.

Qualifications to Apply

A not-for-profit properly registered with the Secretary of State, educational or governmental entities, local economic development organizations, Chambers of Commerce, workforce boards, Small Business Development Centers, Community Foundations, and other non-profit organizations are eligible to apply for this grant competition.

Current Rural Capacity Grantees are eligible to apply provided that satisfactory progress has been made on the current grant project and all quarterly reports have been submitted to OCRA. All applicants, including those with open Rural Capacity Grants, must be proposing a new or clearly expanded service.

Collaborative efforts among two or more entities are required. Partners must serve an active role in contributing to the overall accomplishment of the project goals. For-profit businesses are not eligible to apply as the lead applicant but can serve as project partners and such participation is encouraged.

Projects funded through the Rural Capacity Grant Program must serve beneficiaries in rural communities. A rural community is defined as having a population of 50,000 or less. County-wide or regional projects may have a population total greater than 50,000, but cannot benefit a city or town with a population greater than 50,000.

Indiana Main Street Participation

A project proposed by or in which an Indiana Main Street community is an active participant will receive favorable consideration in the scoring process. Evidence of active participation must be demonstrated throughout the proposal and be further documented by the submission of a lead applicant or project partner coversheet, as is appropriate, and a letter describing the role of the Indiana Main Street community in the project signed by the Main Street Director. In addition, the Indiana Main Street organization must have an active presence in the community for a minimum of one year to be awarded points in the scoring process.

A community can verify their Indiana Main Street status by contacting Jo Grandel at jgrandel@ocra.in.gov or by telephone at 317.232.9010 or 800.824.2476.

Funding

OCRA anticipates that there will be 5 -10 grants awarded for rural entrepreneurship support. The maximum grant amount will be \$150,000. Selected grantees will be permitted to utilize the funds for the duration of the project period according to the start and end dates identified in the grant agreement, but can not exceed 18 months.

Grant funds may be utilized to cover eligible costs associated with the execution of the project. Eligible costs include: workshop costs, educational materials, consulting services, office supplies, copying, training, meeting and marketing expenses as well as other programmatic costs.

Administrative costs include program related accounting services, fees associated with evaluation, and clerical support. These costs may not exceed 10% of the project budget.

Required local match for a project is 25% of the amount of the grant funds requested. A maximum of 5% properly documented in-kind match may be applied toward the total project match. For example, if the applicant's grant request is \$100,000 the minimum required local match must equal \$25,000. In this case, the applicant may submit a project budget proposing to use \$20,000 in cash match (20% of grant funds requested) and \$5,000 in-kind match (5% of grant funds requested). Cash match in excess of 25% will receive favorable consideration in the scoring process.

Documentation of all matching funds, cash or in-kind, must be submitted. For cash match, the applicant must provide a letter from the organization committing the cash match on their letterhead, signed by the chief executive or financial officer, specifying the total dollar amount being committed for the entire grant period, and certifying that the funds will be available at the commencement of the grant. Documentation of in-kind match should itemize, on the contributing organization's letterhead and signed by the Chief Executive Officer or Chief Financial Officer, the services or products being contributed.

Federal and other state funds may not be used as local match. The Rural Capacity Grant Program encourages collaboration and the leveraging of local resources to address the challenges faced by a community. The intent is to promote local community investment in the project.

Philanthropic Foundations, especially Community Foundations, are strongly encouraged to participate and provide cash match. Such match will be favorably factored into the scoring of the grant application. Please note that a match from Community Foundations or endowments, which originated as CAPE monies from Lilly will not be considered as the philanthropic match. The intent is to promote and encourage additional philanthropic giving.

Allowable Uses of Funding

Examples of eligible costs include but are not limited to:

- Costs associated with educational workshops, networking fairs/opportunities;
- Business opportunity days;
- Programs that address/create rural investor networks;
- Costs for trainers/consultants;
- Curriculum and educational materials;
- Printing, copying;
- Advertising/Marketing;
- Mileage;
- Administrative expenses such as program related accounting, program evaluation and clerical support; or
- Other program related costs.

Restrictions

Grant funds and local match cannot be used for:

- The purchase of capital equipment over \$5,000;
- Administrative expenses in excess of 10% of the grant amount;

- Operational expenses such as rent, utilities, insurance, non-program related salaries;
- Funding to purchase, improve, or remodel a facility;
- Costs to supplant existing funds (the funding opportunity must be used for expansion of existing services or implementation of new services); or
- Direct financial support to provide start up or operational capital to businesses.

Reporting and Records Retention

- The grantee will submit a quarterly progress report which will include a narrative and financial expenditures section as well as an update on the Objectives Form. The format of the report will be provided to the lead applicant upon selection for funding.
- Funded projects will be expected to maintain supporting financial documentation of grant expenditures sufficient to enable an audit by the State of Indiana and for monitoring by OCRA.
- Projects are expected to maintain records that are appropriate to the type of program being implemented. For example, if a project is providing business development services to entrepreneurs, a record will be maintained for each individual and contain documentation of the services being provided. All records should be maintained for three years beyond the receipt of final payment for the project. OCRA staff may monitor these records at any time throughout the duration of the project and the records retention period.

Financial Reimbursement Procedures

Below is the breakdown of the release of funds:

- Upon receiving a fully executed grant agreement, the grantee may request 65% of the funding;
- An additional 10% once the program has been initiated and the first quarterly report has been completed; and
- The remaining 25% awarded upon 90% completion of the project and documentation that local match has been expended commensurate with the grant commitment.

The program must be initiated within three months of the award date and completed within 18 months.

Funded projects will be provided with the necessary paper work and documentation for reimbursement and reporting requirements. Grantees must be willing to establish themselves as a direct deposit vendor with the State of Indiana and maintain appropriate financial records that would permit an audit by the State of Indiana and monitoring by OCRA.

Contact Information

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Application Format

Application shall adhere to the following format and must address each of the categories listed below. The application must be typed, single-sided, and double-spaced using a 12 point font size. Although there is no page limit, the proposal should be succinct.

Five hard copies of the proposal, one marked as the original that includes signatures signed in blue ink, must be received by 4:00 p.m. EST on June 29, 2007 in OCRA. The other four should be marked as copies. **No electronic submissions will be accepted.** Do not use acronyms in the grant proposal. Please do not use binders.

Please label each section and number the pages of the grant application including the attachments. While not required, it is useful to utilize tabbed index dividers between the sections.

The forms required to complete the application are located at the conclusion of the instructions.

Proposals may be sent via mail or hand delivered to:

**Office of Community and Rural Affairs
Rural Capacity Grant Fund
One North Capitol, Suite 600
Indianapolis, IN 46204**

Instructions

1. Coversheet

Use the attached form, titled Rural Capacity Grant Fund Lead Applicant Coversheet (Form 1) of the request for proposals document as the first page of the grant application. This is the only form that will be accepted. *Sign in blue ink.*

2. Table of Contents

Provide a table of contents immediately following the Lead Coversheet (Form 1).

3. Partner Coversheet/ Participation Agreement

Complete a Project Partner Cover Sheet/Participation Agreement (Form 2) for each organization that will assume an active role in the project. In the space provided identify the role of the partner in the project. If more space is needed, additional pages may be added. This section must be complete to qualify as a project partner. Be specific about the participation and contribution of the partner.

4. Abstract

Identify the issue to be addressed and give a summary of the proposed program and the expected outcomes. Do not exceed more than one page.

5. Need

- A. In quantitative and qualitative terms identify the need that the project will address.
- B. Identify and give an overview of the area to be served and the beneficiaries of the project.
- C. Identify any other efforts in the community, county, or region that have been or are being undertaken to address these issues. Describe how the proposed project fits into current efforts.

6. Program Description

- A. Give a detailed description of each component of the program. Provide a copy of proposed curriculum for any and all educational programs, trainings, workshops, etc. Identify whether the project is new or an expansion. *If the project is an expansion of a current program, be very specific about what is currently being done and what the expansion will be.* This section should provide a clear sequential description of the project.
- B. Provide a timeline for the project; indicate the organization and/or persons responsible for each item, and the completion date.
- C. Identify those involved in the planning process and the implementation of the project. Provide a detailed description of their roles as well as the resources they will contribute.
- D. Describe what efforts were made to draw in community support and collaborate with other community agencies, businesses, and/or local government. Provide letters of support from each entity and include the letters in the proposal as Attachment A.
- E. Identify how the project is aligned with OCRA's strategy, "Breaking the Boundaries." Be succinct and specific in indicating how this proposal addresses the seven pillars (located on pages 3 and 4 of the document). To view the "Breaking the Boundaries" document visit http://www.in.gov/ocra/forms/Breaking_the_Boundaries.pdf.

7. Goals/ Objectives/Methods

- A. Clearly identify the goals and objectives of the project and the activities that will be undertaken to achieve them.
- B. Describe the staffing needs of the program and staff qualifications. Complete the provided Staff Cost Worksheet (Form 6) as required in Section 10 – Budget. Provide a job description for any position that will participate in this project, and if already identified, the resume of the person who will be filling the position. Include job descriptions and resumes as Attachment B.
- C. Identify how program participants will be identified and selected. Describe the recruitment and referral process, as well as explain how the program will be marketed.
- D. Identify the anticipated impact of the project on the community.
- E. Complete the project Objectives Form (Form 3) and include as Attachment C. Information recorded on this form will provide the basis for reporting to OCRA as well as serve as a measurement of impact and achievement. Instructions for completing this section are located at the top of the form.
- F. Identify the strategy for measuring successful achievement of the objectives stated in the proposal, the information that will be tracked, and the tracking format. Submit a format to track the

information required to complete the Objectives Form and include any pretest/posttest assessment tools that will be used as Attachment D.

8. Applicant History

Describe the applicant agency, its experience and ability to implement the proposed project. Identify previous accomplishments the applicant has related to this area and any previous grant administration.

9. Sustainability/Evaluation

Describe in detail how the project will be sustained beyond the initial funding period. Identify efforts or plans that have been made for future sustainability.

Explain the evaluation process and criteria that will be utilized to document the success of the program.

10. Budget

Submit a completed Budget Summary Form (Form 4), a detailed line item budget, and a separate budget narrative that clarifies the proposed use of the funds. Although grant funds may be used for personnel costs, appropriate emphasis should be placed on rural entrepreneurial support. Personnel expenses require the submission of the Staff Cost Worksheet (Form 6).

For consistency, it is suggested that the applicant use the format provided for the detailed line item budget; however, another format may be used so long as sufficient detail is provided.

The Table of Matching Funds (Form 5) must be completed and include all sources of match.

Please be sure to note the restrictions listed below when developing the project budget.

Grant funds and local match cannot be used for:

- The purchase of capital equipment over \$5,000;
- Administrative expenses in excess of 10% of the project budget;
- Operational expenses, such as rent, utilities, insurance, and non program related salaries;
- Funding to purchase, improve, or remodel a facility;
- Costs to supplant existing funds (the funding opportunity must be used for expansion of existing services or implementation of new services); or
- Direct financial support to provide start up or operational capital to businesses.

The following documents should be included in the application:

- A. Letters of commitment for cash contributions from all sources should be on the contributing organization's letterhead, clearly state the amount of the contribution for the entire 18 month period, signed by the chief executive or financial officer, and certify that the funds will be available at the commencement of the grant.

- B. In-kind letters of match must be on the letterhead of the organization committing the match, identify the specific service or product that will be provided and be valued at the usual and customary cost for such service or product. The letter should clearly state the total of in-kind support being provided by the organization as well as a breakdown of the specific services or products being contributed to the project. OCRA reserves the right to disallow any in-kind match which appears outside the scope of what is usual and customary.
- C. Lead applicants must complete the Management Review Form (Form 7).
- D. The Budget Section should include all of the requested information in the following order:
 - 1. The Budget Summary (Form 4)
 - 2. Table of Matching Funds (Form 5)
 - 3. Line Item Budget (Format provided page 15)
 - 4. Budget Narrative
 - 5. Staff Cost Worksheet (Form 6)
 - 6. Management Review Form (Form 7)
 - 7. Letters of Financial Commitment

11. Application Checklist

Complete the Application Checklist (Form 8) which will serve as the last page of the proposal.



Rural Capacity Grant
Indiana Office of Community and Rural Affairs

Form 1
Lead Coversheet

Coversheet must be submitted with proposal.

Entrepreneurial Support

Lead (Legal) Applicant: _____

Contact person/title: _____

Mailing address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Applicant's Legal Status: Not for Profit Government Entity

Project Coordinator: _____

Mailing address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Type of Project (select one) _____ New _____ Expansion of an Existing Program

Amount Requested from OCRA \$ _____ Budget Contains Philanthropic Match: _____

Amount of Match \$ _____ (Check only if answer is "Yes")

Total Budget: \$ _____ Source of Philanthropic Match: _____

Total amount of Philanthropic Match: \$ _____

Lead applicant is an Indiana Main Street: _____
(Check if yes)

For the Lead Applicant Identify: Indiana State Senator _____

Indiana State Representative _____

List the Counties to be served by the Project: _____

UPON SIGNING THIS REQUEST I AM CERTIFYING THAT APPLICANT IS NOT IN VIOLATION OF ANY STATE OR FEDERAL LAW, OR MUNICIPAL ORDINANCES AS OF THIS DATE. NO MONEY IS DUE AND PAYABLE TO ANY MUNICIPAL, COUNTY, STATE OR U.S. GOVERNMENTAL AGENCY OR DEPARTMENT, NOR DOES THE APPLICANT HAVE LIENS OR POTENTIAL LIENS WHICH COULD JEOPARDIZE THE COMPLETION OF THIS PROJECT.

Signature of Chief Official

Official's Title

Date

SIGN IN BLUE INK ONLY



Rural Capacity Grant
Indiana Office of Community and Rural Affairs

Form 2

Partnership Coversheet/Participation Agreement

Partner Coversheet must be completed for all partners and submitted with proposal.

Entrepreneurial Support

Partner (Legal) Applicant: _____

Contact person/title: _____

Mailing address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Applicant's Legal Status: Not for Profit Government Entity For Profit

Project Coordinator: _____

Mailing address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Lead applicant is an Indiana Main Street: _____

(Check if yes)

Thoroughly describe the role of the organization in the project. Attach an additional page if needed. This section must be completed to qualify as a partner.

UPON SIGNING THIS REQUEST I AM CERTIFYING THAT APPLICANT IS NOT IN VIOLATION OF ANY STATE OR FEDERAL LAW, OR MUNICIPAL ORDINANCES AS OF THIS DATE. NO MONEY IS DUE AND PAYABLE TO ANY MUNICIPAL, COUNTY, STATE OR U.S. GOVERNMENTAL AGENCY OR DEPARTMENT, NOR DOES THE APPLICANT HAVE LIENS OR POTENTIAL LIENS WHICH COULD JEOPARDIZE THE COMPLETION OF THIS PROJECT. ADDITIONALLY, THE IDENTIFIED ORGANIZATION CERTIFIES THAT IT IS AN ACTIVE PARTNER IN THE PROJECT AND WILL FULFILL THE ROLE(S) IDENTIFIED ABOVE THROUGHOUT THE GRANT PERIOD.

Signature of Chief Official

Official's Title

Date

SIGN IN BLUE INK ONLY



Rural Entrepreneurial Support Objectives Form

Instructions: Select a minimum of seven objectives located on the following page for which the project will gather and report data throughout the 18 month grant period. The project may elect to add **one** objective that is unique to the project to the proposed objectives in the box entitled “other.” The project will be expected to report on each objective chosen. In order to complete the following page, write in the numeric answers corresponding to the seven objectives chosen for this project. Objectives should be reported according to the direct result of the utilized grant funds. This form must be completed and submitted with your proposal. Please note that more than seven objectives to measure during the 18 month grant period may be selected.

Rural Entrepreneurial Support

Objective Statement – To provide rural entrepreneurs support through innovative approaches in education and capacity building

Results:

Improved quality of business and marketing plans
Increased access to funding opportunities for small businesses
Increased business and marketing opportunities (networking)
Expanded knowledge of principles of business creation
Expanded knowledge of business concepts
Increased longevity of new or young businesses

Project is a New Service

Project is an Expansion of an Existing Service

Check type of program

Select a minimum of seven of metrics located on the following page for which the project will gather and report data throughout the grant period.

Objectives	Number Served in the Past 18 Months	New/Proposed Being Served in 18 month period
Types of programs or classes offered		
Program or class attendees		
Attendees completing program or class		
Pre-course/post-course assessment tests		
Assessments demonstrating increased knowledge		
Business plans developed for new start-ups		
Business plans implemented for new start-ups		
New or updated business plans for existing businesses		
Implemented business plans for existing businesses		
Amount of new financing awarded to projects served		
Collaborative marketing material/events produced		
New goods or services brought to market		
New jobs as a result of businesses served		
Jobs retained as a result of businesses served		
Businesses receiving new funding (angel investors and loans)		
Businesses in operation after 6 month		
Businesses in operation after 1 year		
Other:		

Rural Capacity Grant Budget Summary

Rural Capacity Grant Costs	Match Funds			
	RCG Request	Cash Match	In-Kind	Total
Personnel and Fringe Benefits				
Salaries and Wages	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$
Personnel Subtotal	\$	\$	\$	\$
Professional Fees (includes trainer, instructor, consultant or contractual fees)				
	\$	\$	\$	\$
Professional Fee Subtotal	\$	\$	\$	\$
Program Costs				
Supplies	\$	\$	\$	\$
Instructional Materials	\$	\$	\$	\$
Other (explain)	\$	\$	\$	\$
Program Costs Subtotal	\$	\$	\$	\$
Travel Costs (mileage not to exceed .40/mile)				
Staff Travel	\$	\$	\$	\$
Other (explain)	\$	\$	\$	\$
Travel Cost Subtotal	\$	\$	\$	\$
Administrative Costs (maximum of 10% of budget)				
Accounting	\$	\$	\$	\$
Evaluation	\$	\$	\$	\$
Project Administration	\$	\$	\$	\$
Other (explain)				
Administrative Cost Subtotal	\$	\$	\$	\$
Other				
Postage	\$	\$	\$	\$
Printing and Binding	\$	\$	\$	\$
Copies	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Computers	\$	\$	\$	\$
Other (explain)	\$	\$	\$	\$
Other (explain)	\$	\$	\$	\$
Other Costs Subtotal	\$	\$	\$	\$
Total RCG Funds	\$			\$
Total Cash Match		\$		
Total In-Kind			\$	

Attach a detailed Line Item Budget in which the costs in each category are identified

Itemized Budget - SAMPLE

A sample budget is included to provide a guide in completing the itemized budget.

Rural Capacity Grant Costs	RCG Request	Cash Match	In-Kind	TOTAL
Personnel /Fringe Benefits	\$25,000	\$26,000		\$51,000
Professional Fees				
Ugo University Instructors	\$45,000		\$7,500	\$52,500
Curriculum Consultant	\$16,000			\$16,000
Presenter Fees	\$30,000			\$30,000
Subtotal				\$149,500
Program Costs				
Curriculum	\$7,000			\$7,000
Workbooks	\$8,000			\$8,000
Software		\$10,000		\$10,000
Advertising/Marketing	\$4,500			\$4,500
Copies		\$2,000		\$2,000
Computers	\$5,000	\$5,000		\$10,000
Subtotal				\$41,500
Travel Costs				
Staff Travel	\$2,000	\$2,000		\$4,000
Subtotal				\$4,000
Administrative Costs				
Accounting	\$1,000			\$1,000
Evaluation	\$3,500			\$3,500
Project Administration	\$3,000			\$3,000
Subtotal				\$7,500
Other (Explain)				
Postage		\$1,000		\$1,000
Copies			\$2,500	\$2,500
Subtotal				\$3,500
TOTAL	\$150,000	\$46,000	\$10,000	\$206,000



Table of Matching Funds

This form must be completed for all projects and documentation of financial commitments listed on this table is required.

Applicant Name: _____

Source of Project Funds	Cash	In-Kind	Total
Total Matching Funds			



Staff Cost Worksheet

Name	Position/ Title	Hourly Rate	Fringe Rate Per Hour	# of hours dedicated to the project per week	# of weeks	Total Staff Cost	Amount contributed by applicant	Amount requested from OCRA

Total Cost of Staff: _____

Include job descriptions and resumes as required in Section 7 under Goals/Objectives/Methods.



Management Review Form

The following questions must be answered to determine the applicant's ability to manage and safeguard funds. The documents described on this form do not need to be submitted; however, they must be available for review either on site or by transmission to the Indiana Office of Community and Rural Affairs should such a request be made. The Management Review Form should be filled out by the lead applicant.

1. Has your organization received funds from Federal or other Indiana State agencies within the last five years? YES—NO —

If yes, list agency, date or dates of award, and the amount awarded. _____

2. Date of your organization's fiscal year: _____

3. Date of last audit: _____

Were there material findings in the audit? YES _____ NO _____

If YES, were corrective actions taken? YES _____ NO _____

If NO, please explain: _____

4. Identify the type of accounting system of your organization:

Cash_____ Accrual_____

5. Does your organization have written: YES NO

Accounting procedures? _____

Personnel policies and procedures? _____

Travel policies and procedures? _____

Procurement procedures? _____

Conflict of interest policy? _____



Application Checklist

Applicant Name: _____

_____ Application is typed and double spaced using a 12-point font.

_____ The original document is signed in **BLUE INK** and marked as original.

_____ Five hard copies have been submitted

_____ Pages are numbered.

_____ Binders are NOT used.

_____ Lead Applicant Coversheet is the first page

_____ Table of Contents immediately follows Lead Applicant Coversheet

_____ Partner Coversheet and Participation Agreement forms are included after table of contents

Abstract

_____ Abstract is no more than one page

_____ Identifies issues to be addressed

_____ Summarizes program

_____ Identifies the goals of the project

Description of Need

_____ Provides qualitative and quantitative terms to define the program

_____ Identifies community/county/regional efforts to address the issues

_____ Identifies area to be served and the beneficiaries of the project

Program Description

_____ Program is logical, sequential, and clearly described

_____ Explanation of current efforts and plans for expansion if applicable

_____ All parties involved in the planning and implementation of the project have been identified

_____ Efforts to involve the community and gain support are identified

_____ Letters of support are included as **Attachment A**

_____ Detailed timeline is included

_____ Project addresses priorities identified by OCRA in alignment with the "Breaking the Boundaries" strategy

Applicant Name: _____

_____ **Goals/Objectives/Methods**

- _____ Activities are identified
- _____ Impact this project will have upon the community is identified
- _____ Staffing qualifications are addressed (job descriptions and resumes are included as **Attachment B**)
- _____ Program participants and recruitment of participants is discussed
- _____ Marketing of the program is addressed
- _____ Completed Objectives Form are included as **Attachment C**

_____ **Applicant History**

- _____ Describes applicant agency and qualifications to develop and implement the proposed project.
- _____ Describes experience and accomplishments of applicant related to this area
- _____ Identifies any previous grant administration experience

_____ **Sustainability/Evaluation**

- _____ There is clear evidence and support for sustaining/maintaining the project beyond the initial funding period
- _____ Evaluation criteria are identified
- _____ Strategies to document success are stated
- _____ Detailed methods for tracking are described
- _____ Forms for tracking including any pre or posttest tools are included as **Attachment D**

_____ **Budget**

- _____ Project budget summary is complete
- _____ Line item budget is complete
- _____ A separate budget narrative is attached
- _____ Table of Matching Funds is complete
- _____ The Staff Cost Worksheet is completed where applicable
- _____ The Management Review Form is completed
- _____ Match sources are clearly identified
- _____ In-kind contributions are identified and valued
- _____ Letters of commitment for matching sources and in-kind contributions are included

_____ **Application Checklist**

- _____ Application Checklist is complete and included

